

SERIAL NUMBER 09/245,442	FILING DATE 02/04/99	CLASS 370	GROUP ART UNIT 2732	ATTORNEY DOCKET NO. 15886-219
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APPLICANT

DONALD M. BELLENGER, LOS ALTOS HILLS, CA.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*** *YES*

VERIFIED      THIS APPLN IS A CIP OF      09/089,838 06/03/98      *PAT 6256306*

WHICH IS A CON OF      08/698,745 08/15/96 PAT      5,802,054

*[Signature]*

  
  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*** *NA*

VERIFIED

*[Signature]*

  
  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\*** *NA*

VERIFIED

*[Signature]*

  
  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/23/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *[Signature]*  
*Examiner's Initials*      *Initials*

  

ADDRESS

SEE CUSTOMER NUMBER: 021971

  

TITLE

METHOD FOR STATISTICAL SWITCHING

  

FILING FEE RECEIVED  \$976	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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**\*BIBDATASHEET\*****CONFIRMATION NO. 4893**

Bib Data Sheet

SERIAL NUMBER 09/245,442	FILING DATE 02/04/1999  RULE	CLASS 370	GROUP ART UNIT 2665	ATTORNEY DOCKET NO. 15886-219
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APPLICANTS

DONALD M. BELLENGER, LOS ALTOS HILLS, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/089,838 06/03/1998 PAT 6,256,306  
 which is a CON of 08/698,745 08/15/1996 PAT 5,802,054

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 02/23/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS  
 20306  
 MCDONNELL BOEHNEN HULBERT & BERGHOFF LLP  
 300 S. WACKER DRIVE  
 32ND FLOOR  
 CHICAGO, IL  
 60606

TITLE  
 METHOD FOR STATISTICAL SWITCHING

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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SERIAL NUMBER <div style="text-align: center; font-weight: bold;">09/245,442</div>	FILING DATE <div style="text-align: center; font-weight: bold;">02/04/99</div>	CLASS <div style="text-align: center; font-weight: bold;">395</div>	GROUP ART UNIT <div style="text-align: center; font-weight: bold;">2763</div>	ATTORNEY DOCKET NO. <div style="text-align: center; font-weight: bold;">15886-219</div>
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APPLICANT

DONALD M. BELLENGER, LOS ALTOS HILLS, CA.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED      THIS APPLN IS A CON OF      09/089,838 06/03/98

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**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED

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**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED

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FOREIGN FILING LICENSE GRANTED 02/23/99

395/300  
 2758  
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center; font-weight: bold;">CA</div>	SHEETS DRAWING <div style="text-align: center; font-weight: bold;">8</div>	TOTAL CLAIMS <div style="text-align: center; font-weight: bold;">32</div>	INDEPENDENT CLAIMS <div style="text-align: center; font-weight: bold;">2</div>
Verified and Acknowledged _____ <div style="text-align: center; font-size: 0.8em;">Examiner's Initials      Initials</div>				

ADDRESS

SEE CUSTOMER NUMBER: 021971

TITLE

METHOD FOR STATISTICAL SWITCHING

FILING FEE RECEIVED  <div style="text-align: center; font-weight: bold;">\$976</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>
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